

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

STATE <i>Oklahoma</i>	
DATE <i>SEP 26 1995</i>	
DATE REV <i>JUN 20 1996</i>	
DATE EFF <i>JUL 01 1995</i>	
HCFA 179 <i>95-17</i>	A

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